(c) by when the Ayurvedic Hospital at Sarita Vihar is likely to be made functional?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b)There is a proposal to set up an Ayurvedic Hospital at Delhi, where Ayurvedic specialised treatments like Panchkarma, Rasayana (Rejuvination) therapy, Kshar-sutra therapy and Ayurvedic treatment for Chronic and lifestyle related problems can be offered.

(c) No time frame has been worked out so far as the project is still at the planning stage.

India's position in T.B.

2910. SHRI NANA DESHMUKH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether as per World Health Organisation officials, India figures in the list of 22 hardest-hit countries, where TB is required to be brought under control;

(b) if so, the details thereof; and

(c) the steps being taken to control it?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a)Yes, Sir.

(b) A copy of the list from Global Tuberculosis Control: WHO Report 2001 is enclosed as statement *{See* below).

(c) With the objective of curing at least 8.5% of new sputum positive patients and detecting at least 70% of such patients, a Revised National TB Control Programme (RNTCP) based on WHO recommended DOTS Strategy with assistance from the World Bank, DFID and DANIDA is at present in operation in the country. The Programme is showing good results. For every 10 patients treated, 8 have been cured as compared to about 4 out of 10 in conventional programme. Half of the patients have laboratory confirmation of the disease compared with the less than 1 in 4 in the previous programme. RNTCP reduced death rate to less 5% as compared to about 20% in NTCP. Till date more than 5 lakh patients have been initiated on treatment thereby preventing more than 1 lakh deaths. By curing patients and hence stopping Tuberculosos at source, the RNTCP till date has prevented more than 10 lakh tuberculosis infections.

The coverage under the revised programme has rapidly expanded in the last 2 years and has presently reached more than 400 million. It is proposed to cover a population of 500 million by the year 2002 and 800 million by March, 2004 and the entire country as soon as operationally feasible thereafter.

Statement

Estimated TB incidence, 1995—2005

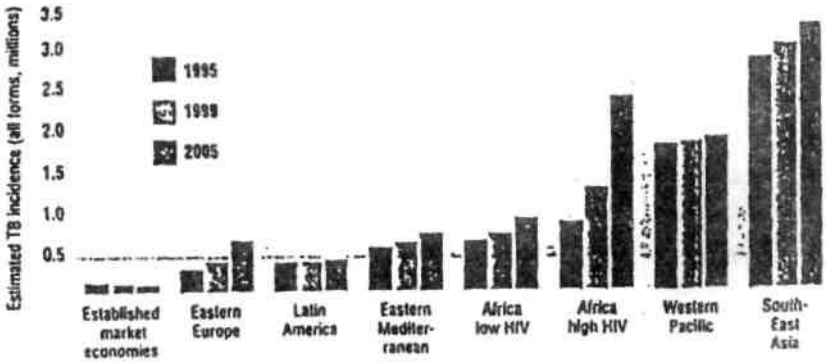
Figure 9 shows the series of case notifications that were used to judge trends in incidence, for the groups of epidemiologically similar countires listed in Table 9. Notification rates were standardized to 100 in 1990, in order to reveal trends more clearly by eliminating the absolute differences between countries in that year. Table 10 contains the estimated numbers of new cases (all forms and smear-positive) in 1999, globally and for the highest-burden countries.

Table 10. Estimated incidence ofTB: 23 *high-burden countries,* 1999

	Country	Number Estimated						
		Population	All cases		Smear-positive cases			:h
SI. No.	(ranked by burden)	(1000s)	Thou-sands	Rate per 100000 pop	Thou-sands	Rate per 100000 pop	Cumu-(lative Inci-dence(%)	i t	ange rank 97 99*
1	2	3	4	5	6	7	8		9
1.	India	998056	1847	185	827	83	22		0
2.	China	1266 838	1300	103	584	46	37		0
3.	Indonesia	209255	590	282	265	127	44		0
4.	Nigeria	108945	327	301	142	130	48		2
5.	Bangladesh	126947	306	241	138	108	52		-1
6.	Pakistan	152331	269	177	121	79	55		-1
7.	Philippines	74454	234	314	105	141	58		0
8.	Ethiopia	61095	228	373	96	157	61		1
9.	South Africa	39900	197	495	80	201	63		-1
10.	Russian Fed.	147196	181	123	81	55	65		1

1	2	3	4	5	6	7	8	9
11.	DR Congo	50335	151	301	65	130	67	1
12.	Vict Nam	78705	149	189	67	85	69	-2
13.	Kenya	29549	123	417	51	173	70	2
14.	Brazil	167988	118	70	53	31	72	-1
15.	UR Tanzania	32793	112	340	47-	145	73	-1
16.	Thailand	60856	86	141	38	62	74	0
17.	Mozambique	19286	79	407	33	169	75	9
18.	Myanmar	45059	76	169	34	76	76	-1
19.	Uganda	21143	72	343	31	146	77	0
20.	Afghanistan	21923	71	325	32	146	77	-2
21.	Zimbabwe	11529	65	562	26	226	78	0
22.	Cambodia	10945	61	560	27	251	79	0
23.	Peru	25230	228	22	26	102	80	-3
	total, 23 high-burden countries	3760358	6700	178	2 969	79	30	
	Global total	5975045	8417	141	3724	62	100	

'Change in rank resulting from re-estimation of incidence. A positive value Indicates that a country has moved up the table

Figure 10. Estimated numbers ofTB cases in 1995 (black), 1999 (grey) and 2005 (green), by region. Regions are as defined in Figure 9.

Flgna 10. Estimated numbeaol TB cases In 1995 (black). 1999 (grey) and 2005 (gre>n). by region. Regions are as defined In Figure 9